

215040730
62817

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 192A	Agency Case No. B5-092875	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 02	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 2058	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2100	Amended	
B 57	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N84 & Lexington		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	10/07/2015	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D 2	IF AT INTERSECTION			IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		Lexington				
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 3 R2 4 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	14805173		STATE (Of License)	TX	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 5	DRIVER	Barney R Costello		PHONE	402-202-2696	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	05/09/1970	
G 3	OWNER	Barnev R Costello		PHONE	402-202-2696	
V1/O 2	VEHICLE	2015	Chevrolet	Silverado	Pickup truck	black
V2/O 2	VEHICLE ID NO. (VIN)	3GCUKTEC6FG323022		INSURANCE COMPANY	Geico	
I 1	DRIVER LICENSE NO.	G02133800		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	ERIC J TURNER		PHONE	402-853-2501	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/17/1964	
J 01	OWNER	ERIC J TURNER		PHONE	402-853-2501	
V1/Q 4	VEHICLE	1995	Chevrolet	Caprice	Station wagon	white
V2/Q 4	VEHICLE ID NO. (VIN)	1G1BL82P1SR101502		INSURANCE COMPANY	Progressive	
K 02	TOWED TO	TOWED BY		POLICY NO.	901533935	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

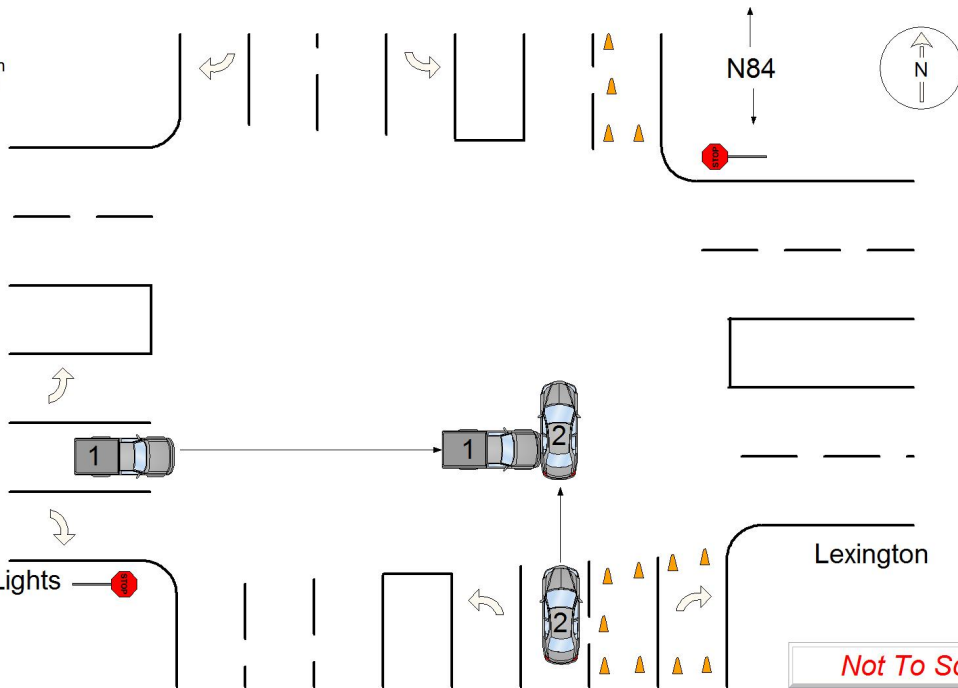
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-092875



Indicate
North
by Arrow

POI: 14'3" N of S Curb of Lexington
33'6" W of E Curb of N 84 Street
No Skids



Key

Northern Lights



= Traffic cones

Lexington

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle one was Eastbound on Northern lights crossing N84 Street to continue on Lexington and impacted vehicle two which was going Northbound on N84 Street at Lexington in the inside lane. The driver of vehicle one said he was stopped at the stop sign at N84 Street, began to cross N84 Street, stopping in the middle, edged forward to avoid Southbound traffic and observed impact with vehicle two. The driver of vehicle two said he was going 50mph, observed vehicle one edging across N84 Street, slowed to 35 to 40 mph and observed rear impact with vehicle one.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL TESTING		ALCOHOL/ DRUGS SUSPECTED							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2	POINT OF IMPACT	MOST DAMAGED AREA	VEHICLE 1	VEHICLE 2	VEH 1	1	VEH 2	1	Driver No. 1	Driver No. 2	Pedestrian					
1			X		Lexington	02	06	02	06	4	2	Y		Y		Y							
2	X				N84 Street	02	06	02	06			N	X	N	X	N							
1	01				06 Turning left																		
2	01				08 Entering traffic lane																		
				01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing				05 Turning right			
				09 Leaving traffic lane				10 Parked				11 Slowing or stopped in traffic				12 Other				13 Unknown			
				00 None				01 Top & windows				02 Undercarriage				03 Total (all areas)				04 Other			
				05				06				07				08				09			

OFFICER NO. 1517	TROOP/ TEAM/ BEAT 2	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) David Wunderlich		INVESTIGATOR SIGNATURE Approved by Officer David Wunderlich	DATE OF REPORT 10/07/2015